STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehab	5430 Boone Avenue North New Hope, MN 55428

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to promote dignity for 2 of 3 residents (R3, R6) who required assistance with toileting and staff did not respond timely to requests for assistance with toileting and toileting hygiene, which resulted in incontinence or not getting changed timely.Findings include:R3R3's admission Minimum Data Set (MDS) dated [DATE], indicated intact cognition, a urinary catheter (removed [DATE]), incontinence of bowel, full dependence upon staff for transfers, and an inability to walk. R3's care plan dated [DATE], indicated a risk for falls, keep the call light in reach, bowel incontinence, care in pairs, and prompt response to all requests for assistance. Additionally, the care plan dated [DATE], indicated R3 was resistive to care and would yell at staff to leave the room.R3's progress notes indicated many refusals of care including lab work and medications, and further indicated R3 was verbally abusive to staff, yelling at them, and kicking them out of the room when they were trying to provide assistance with care.R3's call light log dated [DATE], indicated from [DATE] to [DATE], there were 41 call lights activated that were answered from 15 to 77 minutes after initiation. During an interview on [DATE] at 9:49 a.m., family member (FM)-A stated while he was on the phone with R3 for about an hour, he noted it took about an hour and a half for staff to answer R3's call light the evening of [DATE]. FM-A stated when he called, R3 indicated she activated her call light 20 minutes prior to the call, and he hung up when staff came to change R3's brief. R3 reported to FM-A she was sitting in urine and feces in her brief while waiting for help and was getting irritated having to wait.During an interview on [DATE] at 3:50 p.m., R1 stated she waited 40 minutes for her call light earlier that day, was terrified at the facility, kept her daughter on the phone all night some nights in fear, and was afraid if she fell, she would not get help, and staff would find her deceased on the floor. R3 stated she was irritated about having to wait for her call light to be answered, was tearful during the interview, and did not feel safe in the facility. Additionally, R3 stated she was occasionally incontinent of bowel and bladder, and It strips me of my dignity, having to wait for her brief to be changed, or to wait more than 10-15 minutes for staff to take her to the bathroom, and then wet her brief while waiting.Review of R3's call light logs on [DATE], did not support the statement about a 40-minute call light wait prior to the interview on [DATE], but call light response times of 49 minutes on [DATE] at 9:51 p.m., and 41 minutes on [DATE] at 9:14 p.m. were indicated in the log.During an interview on [DATE] at 4:18 p.m., nursing assistant (NA)-A stated the facility had enough staff to answer lights, but due to R3's behaviors, R3 required two staff to be present for cares, so it could take longer to answer the light because staff had to find help first. NA-A acknowledged R3 would not feel good about having to wait for lights to be answered and would be angry and yell at staff if staff didn't answer the light immediately.During an interview on [DATE] at 4:26 p.m., NA-B stated the facility had enough staff to answer lights, therapy staff, nurses answered call lights when they were able, and the practice was to try to answer call lights in 5-10 minutes. NA-B stated it was possible R3 had incontinence when she had to wait too long for help, which could be uncomfortable and embarrassing.R6R6's annual MDS dated [DATE], indicated severe cognitive impairment, substantial assistance for ADLs, inability to walk, and incontinence of bowel and bladder. R6's care plan dated [DATE] indicated a risk for falls and ensure the call light was in reach. Additionally, the care plan dated [DATE] indicated episodes of bowel and bladder incontinence and indicated staff should change R6's disposable briefs when soiled and as needed, and further indicated starting [DATE], R6 required care in pairs.R6's call light log date [DATE], indicated from [DATE] to [DATE], there were 19 call lights activated that were answered from 15 to 63 minutes. During an interview on [DATE] at 12:33 p.m., R6 stated it sometimes took staff 15-20 minutes to answer her call lights, but could not recall when that happened, but waited for help to get changed (incontinent brief) and laid wet. R3 further stated she did not like to smell of urine or being wet.During an interview on [DATE] at 4:34 p.m., registered nurse (RN)-A acknowledged some of R3's call light response times, were not great, but R3 required two staff to provide care and may be incontinent while waiting for staff assistance to toilet. RN-A further stated all staff, including the providers, required a second staff presence when working with R3, and NA staff was afraid to help R3 because R3 was verbally abusive to staff and would yell at them, kick them out of her room, and make false accusations about staff care. RN-A acknowledged the facility would need to come up with a plan to provide more timely care for R3, and staff was required to meet R3's care needs even with care challenges. RN-A stated the expectation was to answer call lights in 10-15 minutes for all residents.During an interview on [DATE] at 4:55 p.m., the director of nursing (DON) stated the expectation was to answer call